

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003984

FILED
Apr 20, 2009
Secretary of State

Entity Name: CHURCH OF THE LIVING GOD INTERNATIONAL, INC.

Current Principal Place of Business:

1837 CROSSWINDS LANDING
FT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

PO BOX 247
FT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-3695574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALIX, DEBORAH L
7 JAPONICA LANE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WHITE, JOSEPH
Address: 7048 PLEASANT COLONY CIRCLE
City-St-Zip: BLACKLICK, OH 43004

Title: PD () Delete
Name: SMITH, CHARLES D
Address: 1837 CROSSWINDS LANDING
City-St-Zip: FT WALTON BEACH, FL 32547

Title: V () Delete
Name: CALIX, THOMAS A
Address: 7 JAPONICA LN
City-St-Zip: SHALIMAR, FL 32579

Title: T () Delete
Name: CALIX, DEBORAH L
Address: 7 JAPONICA LN
City-St-Zip: SHALIMAR, FL 32579

Title: S () Delete
Name: WILSON, YVONNDE
Address: 7664 CHABLIS CIRCLE
City-St-Zip: NAVARRE, FL 32566

Title: V () Delete
Name: THOMPSON, CARLOS
Address: 15239 ROYAL ST
City-St-Zip: GULFPORT, MS 39503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WILSON, YVONNDE M
Address: 7664 CHABLIS CIRCLE
City-St-Zip: NAVARRE, FL 32566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH L. CALIX

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date